

U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation APPLICATION FOR PAYMENT Penalty for false statement or entries - fine of not more than \$10,000 or imprisonment of not more than five years, or both (18 USC 1001)	NRCS-FNM-141 6/00	STATE	PROGRAM NAME
		AGREE/CONTRACT NO.	PAYMENT APPLICATION NO.
		LOCATION CODE NO.	COUNTY

SPECIFIED CONSERVATION PRACTICES PERFORMED

LINE	AGREE/ CONTRACT ITEM NO.	FIELD NO.	PRACTICE AND IDENTIFIABLE UNIT	DATE STARTED	DATE COMPLETED	PRACTICE UNITS COMPLETED	EXTENT	AVERAGE COST \$	COST SHARE %	AMOUNT EARNED \$
1										
2										
3										
4										
5										
OTHER PROGRAM PAYMENTS (APPRAISAL, SURVEY, EASEMENT PAYMENT, ETC.)										
6										
7										
8										
9										
10										
									TOTAL EARNED:	

DIVISION OF PAYMENT BETWEEN PARTICIPANTS

11. Did the State or Federal Government bear any part of this expense? YES <input type="checkbox"/> NO <input type="checkbox"/> HOW MUCH? _____				YES <input type="checkbox"/> NO <input type="checkbox"/> HOW MUCH? _____					
PARTICIPANTS' CERTIFICATIONS		PARTICIPANT 1				PARTICIPANT 2			
SHARE	LINE	% SHARE	PAYMENT SHARE	LINE	% SHARE	PAYMENT SHARE	LINE	% SHARE	PAYMENT SHARE
12. Deductions (NRCS or FSA)									
Authorizations for Materials/Services									
13. Debts due the Federal Government									
14. State and Federal aid									
15. Other									
16. Net payment due participant									
<i>I (We) certify that the above information is true and correct; and that the identifiable unit(s) for which Federal cost share is requested are carried out and performed in accordance with the specifications and provisions of the above-numbered agreement/contract; that if more than one person contributed to the carrying out of the identifiable unit(s), as shown above, the cost share will be divided in proportion of the extent which they contributed to the carrying out of the identifiable units(s). I (We) also certify that this application contains no duplication of payment under any other program of the U.S. Department of Agriculture.</i>									
PARTICIPANT 1				PARTICIPANT 2					
TAX IDENTIFICATION NO.	CODE	NAME		TAX IDENTIFICATION NO.	CODE	NAME			
ADDRESS				ADDRESS					
SIGNATURE		DATE		SIGNATURE				DATE	

OMB DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0018. The time required to complete this information collection is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

PRIVACY ACT STATEMENT

The above statements are made in accordance with the Privacy Act of 1974 (5 U.S. C. 522a). Furnishing this information is voluntary; however, failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other State or Federal law enforcement agencies, or in response to orders of a court, magistrate, or administrative tribunal.

NONDISCRIMINATION STATEMENT

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FOR USE BY FSA COUNTY COMMITTEE ONLY:	
<i>I certify to the best of my knowledge and belief this application contains no duplication of payment under any program of the U.S. Department of Agriculture administered by FSA, and the participant is not shown on the county claim control record as being indebted to the government, except as explained on the reverse side. If required by the applicable program, the participant has filed the AD-1026 certification of compliance with the highly erodible land and wetland conservation provisions of the Food Security Act of 1985, as amended, and has not been determined to be in violation of these provisions.</i>	
SIGNATURE	DATE

CERTIFICATION BY DESIGNATED CONSERVATIONIST		APPROVAL	
<i>I certify that the practice (identifiable unit) specified in the above application has been properly carried out, and meets the standards and specifications of the above-numbered agreement/contracts.</i>		<i>Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund (s) designated on supporting data records.</i>	
SIGNATURE	DATE	SIGNATURE	DATE